## PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS This fo appropriate. All further con indicated unless corrected maintenance fee notification	rm should be used for tran rrespondence including the below or directed otherwise ns.	smitting the ISSUI Patent, advance ord in Block 1, by (a)	E FEE and lers and not specifying	PUBLICATION FEE (if requisition of maintenance fees value a new correspondence address;	ired). Blocks I through 4 vill be mailed to the current and/or (b) indicating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for					
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HELLER EHRM 1666 K STREET,N SUITE 300		AULIFFE LLP	Cer	have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address, above, or being facsimile transmitted to the USPTO, on the date indicated below.							
WASHINGTON, I	DC 20006				10, on the date meredica oc	(Depositor's name)					
						(Signature)					
						(Date)					
APPLICATION NO.	FILING DATE	F	IRST NAME	D INVENTOR	ATTORNEY DOCKET-NO.	CONFIRMATION NO.					
08/455,975	08/455,975 05/31/1995			S. RUBIN	40399/299/NI	9287					
TITLE OF INVENTION: INHIBITINGKGF ACTIVI		ATING EPITHEL	IAL CELL	S USING KERATINOCYTE	GROWTH FACTOR (K	GF) AND METHOD OF					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	· DATE DUE					
nonprovisional	NO:	\$1330		\$0	·\$1330	03/17/2004					
EXAMINER		ART.UNI	T ·	CLASS-SUBCLASS		A STATE OF THE STA					
SAOUD, C	1647		424-145100								
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached (or											
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATEN	T (print or type)							
<ul> <li>PLEASE NOTE: Unless been previously submitte (A) NAME OF ASSIGN</li> </ul>				ar on the patent. Inclusion of as Completion of this form is NOT CE: (CITY and STATE OR CO		ate when an assignment has signment.					
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represented	lby the Secreta	ry of the l	Departm	ment of Health an	d Human Service	es					
	assignee category or catego	ries (will not be pri	nted on the p	oatent); 🔾 individual 🗘 c	orporation or other private g	roup entity 📌 government					
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N Issue Fee				A check in the amount of the fee(s) is enclosed.							
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☐ Advance Order - # of	Copies		MThe Dire Deposit Acc	ctor is hereby authorized by chount Number 08-1641	narge the required fee(s), or (enclose an extra	credit any overpayment, to copy of this form).					
Director for Patents is reque	sted to apply the Issue Fee a			re-apply any previously paid is		entified above.					
	Junedov anados, Reg. No	. 33,683		6,2004	Ψ,						
NOTE: The Issue Fee and	d Publication Fee (if require	ed) will not be acc	ented from	anvone							

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	. required to it	Complete if Known						
FEE TRANSMITTAL	AV.	Complete if Known Application Number 08/455.975						
MR 1 6 2004 Ed. EV 2003			nber		08/455,975			
Pun - MITT 2003	<b></b> -	Filing Date First Named Inventor			May 31, 1995			
Effective 01/01/2006 Patent fees are subject to annual revision.					Jeffrey S. RUBIN et al.			
Applicant daims small entity status. See 37 CFR 1.27	Examin Art Uni	Examiner Name			C. Saoud			
TOTAL AMOUNT OF PAYMENT (\$) 1,330.00		Attorney Docket No. 38163-0010						
	+							
METHOD OF PAYMENT (check one)	<del> </del>	D D 1771 A			CULATION (continued)			
☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ Non	e 3. A	DDITIO	NAL FEE	.5				
☐ Deposit Account:								
Deposit Account 08-1641 (Docket No. 38163-0010)	Large Fee	Entity Fee	Small Fee	Entity Fee	Fee Description	Fee		
Number	Code	(\$)	Code	(\$)	ree Description	Paid		
Deposit	1051	130	2051	65	Surcharge - late filing fee or oath			
Account Heller Ehrman White & McAuliffe LLP	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet			
Name	1053	130	1053	130	Non-English specification			
The Commissioner is authorized to: (check all that apply)	1812	2,520	1812	2,520	For filing a request for ex parte reexamination			
☐ Charge fee(s) indicated below ☐ Credit any overpayments	1804	920*	1804	920*	Requesting publication of SIR prior to	-		
☐ Charge any additional fee(s) during the pendency of this application	1805	1,840*	1805	1,840*	Examiner action Requesting publication of SIR after			
Charge fee(s) indicated below, except for the filing fee to the above	_			•	Examiner action	-		
identified deposit account.	1251	110	2251	55	Extension for reply within first month			
FEE CALCULATION	1252	420	2252	210	Extension for reply within second month			
1. BASIC FILING FEE	1253	950	2253	475	Extension for reply within third month			
Large Entity Small Entity Fee Description Fee Pair Fee Fee Fee Fee	1254	1,480	2254	740	Extension for reply within fourth month			
Code (\$) Code (\$)	1255	2,010	2255	1,005	Extension for reply within fifth month	-		
1001 770 2001 385 Utility filing fee	1401	330	2401	165	Notice of Appeal			
1002 340 2002 170 Design filing fee	1402	330	2402	165	Filing a brief in support of an appeal			
1003 530 2003 265 Plant filing fee	1403	290	2403	145	Request for oral hearing			
1004 770 2004 385 Reissue filing fee	1451	1,510	1451	1,510	Petition to institute a public use			
1005 160 2005 80 Provisional filing	1452	110	2452	55	Petition to revive - unavoidable			
SUBTOTAL (1) (\$)	1453	1,330	2453	665	Petition to revive - unintentional			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue fee (or reissue)	1,330		
Fee from	1502	480	2502	240	Design issue fee	-,		
Total -20** = 0 x 18 = 0	<u>'</u> _[				- I			
Independent	1503	640	2503	320	Plant issue fee			
-3** = 0 x 86 = 0	1460	130	1460	130	Petitions to the Commissioner			
Multiple Dependent =	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)			
Large Entity Small Entity Fee Description Fee Fee Fee Fee	1806	180	1806	180	Submission of Information Disclosure Stmt			
Code (\$) Code (\$) 1202 18 2202 9 Claims in excess of 20	8021	40	8021	40	Recording each patent assignment per			
1201 86 2201 43 Independent claims in excess of	l .	770	2809	385	property (times number of properties)			
	1809	770	2009	363	Filing a submission after final rejection (37 CFR 1.129(a))			
1203 290 2203 145 Multiple dependent claim, if not	1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))			
1204 86 2204 43 **Reissue independent claims over original patent	1801	770	2801	385	Request for Continued Examination (RCE)			
1205 18 2205 9 **Reissue claims in excess of 20 and over original patent	1802	900	1802	900	Request for expedited examination of a design application			
SUBTOTAL (2) (\$)	Other fe	Other fee (specify)						
**or number previously paid, if greater; For Reissues, see above	-1			ee Paid	SUBTOTAL (3)	(\$) 1,330		
**or number previously paid, if greater; For Reissues, see above								
Name (Print/Type) Patricia D. Granados	Registratio		33,683	<del></del>	Telephone 202-912-	2000		
Signature (lota and s)	(Attorney/A)	zeni)   	/	701				